

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number Q92480																																																																																					
FY 2009		Confirmation Number 7773																																																																																					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)																																																																																							
Application Number 10/562,736		Filing Date May 22, 2006																																																																																					
For EPOXY RESIN COMPOSITION																																																																																							
Art Unit 1761		Examiner Name MICHAEL J FEELY																																																																																					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																																																																																							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																																																																																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$150.00</td> <td style="text-align: center;">\$75.00</td> <td style="text-align: center;"><u>\$150.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$560.00</td> <td style="text-align: center;">\$280.00</td> <td style="text-align: center;"><u> </u></td> </tr> <tr> <td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1270.00</td> <td style="text-align: center;">\$635.00</td> <td style="text-align: center;"><u> </u></td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1980.00</td> <td style="text-align: center;">\$990.00</td> <td style="text-align: center;"><u> </u></td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2690.00</td> <td style="text-align: center;">\$1345.00</td> <td style="text-align: center;"><u> </u></td> </tr> <tr> <td><input type="checkbox"/> Previous Payment Amount</td> <td colspan="3" style="text-align: center;">Date Submitted _____</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td colspan="3"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment by credit card.</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td colspan="3"></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee, or credit any overpayment, to Deposit Account Number 19-4880.</td> <td colspan="3"></td> </tr> <tr> <td colspan="4" style="padding: 5px; font-weight: bold;">I am the</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,765</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____ </td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 5px;"> <small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">/Jerrick Ho/ Reg. No. 63,763</td> <td colspan="2" style="padding: 5px;">November 8, 2011</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature</td> <td colspan="2" style="padding: 5px;">Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;">for Brett S. Sylvester</td> <td colspan="2" style="padding: 5px;">(202) 293-7060</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Typed or printed name</td> <td colspan="2" style="padding: 5px;">Telephone Number</td> </tr> <tr> <td colspan="4" style="padding: 5px; font-weight: bold;">Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</td> </tr> <tr> <td colspan="4" style="padding: 5px; text-align: left;"> <input checked="" type="checkbox"/> Total of <u>1</u> form is submitted. </td> </tr> </tbody></table>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150.00	\$75.00	<u>\$150.00</u>	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$560.00	\$280.00	<u> </u>	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1270.00	\$635.00	<u> </u>	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1980.00	\$990.00	<u> </u>	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2690.00	\$1345.00	<u> </u>	<input type="checkbox"/> Previous Payment Amount	Date Submitted _____			<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				<input type="checkbox"/> A check in the amount of the fee is enclosed.				<input checked="" type="checkbox"/> Payment by credit card.				<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.				I am the				<input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,765</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____				<small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small>				/Jerrick Ho/ Reg. No. 63,763		November 8, 2011		Signature		Date		for Brett S. Sylvester		(202) 293-7060		Typed or printed name		Telephone Number		Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.			
	<u>Fee</u>	<u>Small Entity Fee</u>																																																																																					
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150.00	\$75.00	<u>\$150.00</u>																																																																																				
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$560.00	\$280.00	<u> </u>																																																																																				
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1270.00	\$635.00	<u> </u>																																																																																				
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1980.00	\$990.00	<u> </u>																																																																																				
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2690.00	\$1345.00	<u> </u>																																																																																				
<input type="checkbox"/> Previous Payment Amount	Date Submitted _____																																																																																						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																																																																							
<input type="checkbox"/> A check in the amount of the fee is enclosed.																																																																																							
<input checked="" type="checkbox"/> Payment by credit card.																																																																																							
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																																																																																							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.																																																																																							
I am the																																																																																							
<input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,765</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____																																																																																							
<small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small>																																																																																							
/Jerrick Ho/ Reg. No. 63,763		November 8, 2011																																																																																					
Signature		Date																																																																																					
for Brett S. Sylvester		(202) 293-7060																																																																																					
Typed or printed name		Telephone Number																																																																																					
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																																																																																							
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.																																																																																							